# LAWS

## OF THE

# STATE OF MAINE

**AS PASSED BY THE**

**ONE HUNDRED AND TWENTY-EIGHTH LEGISLATURE**

**SECOND SPECIAL SESSION**
**June 19, 2018 to September 13, 2018**

**THE GENERAL EFFECTIVE DATE FOR**
**SECOND SPECIAL SESSION**
**NON-EMERGENCY LAWS IS**
**DECEMBER 13, 2018**

**ONE HUNDRED AND TWENTY-NINTH LEGISLATURE**

**FIRST REGULAR SESSION**
**December 5, 2018 to June 20, 2019**

**THE GENERAL EFFECTIVE DATE FOR**
**FIRST REGULAR SESSION**
**NON-EMERGENCY LAWS IS**
**SEPTEMBER 19, 2019**

**PUBLISHED BY THE REVISOR OF STATUTES**
**IN ACCORDANCE WITH THE MAINE REVISED STATUTES ANNOTATED,**
**TITLE 3, SECTION 163-A, SUBSECTION 4.**

**Augusta, Maine**
**2019**

sion pursuant to subsection 9, the person shall, at the same time, pay to the Office of the Public Advocate an amount equal to ~~1/100~~ 2/100 of 1% of the estimated cost to erect, rebuild or relocate the transmission line. If the Office of the Public Advocate's expenses in the transmission line proceeding exceed the amount of the original filing fee, the Office of the Public Advocate may bill the person monthly for additional incurred expenses. The person may, at the time of the filing of the petition under this section, request the Office of the Public Advocate to waive all or a portion of the filing fee. The Office of the Public Advocate shall decide on the waiver request within 30 days.

Filing fees paid as required under this subsection must be segregated, apportioned and expended by the Office of the Public Advocate for the purposes of representing the interests of consumers in the proceeding before the commission or conducting public outreach to inform consumers about the proceeding. The Office of the Public Advocate shall return any portion of the filing fee that is not expended for these purposes to the person who paid the fee.

See title page for effective date.

## CHAPTER 178
## S.P. 372 - L.D. 1197

### An Act To Amend the Law Prohibiting the Denial by Health Insurers of Referrals by Out-of-network Providers

**Be it enacted by the People of the State of Maine as follows:**

**Sec. 1. 24-A MRSA §4303, sub-§22,** as enacted by PL 2017, c. 232, §7, is amended to read:

**22. Denial of referral by out-of-network provider prohibited.** Beginning January 1, 2018, a carrier may not deny payment for any health care service covered under an enrollee's health plan based solely on the basis that the enrollee's referral was made by a direct primary care provider who is not a member of the carrier's provider network. A carrier may not apply a deductible, coinsurance or copayment greater than the applicable deductible, coinsurance or copayment that would apply to the same health care service if the service was referred by a participating primary care provider. A carrier may require a direct primary care provider making a referral who is not a member of the carrier's provider network to provide information demonstrating that the provider is a direct primary care provider through a written attestation or copy of a direct primary care agreement with an enrollee and may request additional information necessary to implement this subsection. As used in this subsection, "direct primary care provider" has the same meaning as in Title 22, section 1771, subsection 1, paragraph B.

See title page for effective date.

## CHAPTER 179
## S.P. 321 - L.D. 1089

### An Act To Ban Discretionary Clauses in Disability Income Insurance Policies

**Be it enacted by the People of the State of Maine as follows:**

**Sec. 1. 24-A MRSA §2770** is enacted to read:

**§2770. Absolute discretion clauses**

An individual health insurance policy, contract or certificate, including, but not limited to, a disability income insurance policy, contract or certificate, may not contain a provision purporting to reserve sole or absolute discretion to the insurer to interpret the terms of the contract, to provide standards of interpretation or review, to determine eligibility for benefits, to determine the amount of benefits or to resolve factual disputes. An insurer may not enforce a provision in a policy, contract or certificate that was offered, executed, delivered or issued for delivery in this State and has been continued or renewed by an individual policy holder in this State that purports to reserve sole or absolute discretion to the insurer to interpret the terms of the contract, to provide standards of interpretation or review, to determine eligibility for benefits, to determine the amount of benefits or to resolve factual disputes.

**Sec. 2. 24-A MRSA §2847-V** is enacted to read:

**§2847-V. Absolute discretion clauses**

A group health insurance policy, contract or certificate, including, but not limited to, a group disability income insurance policy, contract or certificate, may not contain a provision purporting to reserve sole or absolute discretion to the insurer to interpret the terms of the contract, to provide standards of interpretation or review, to determine eligibility for benefits, to determine the amount of benefits or to resolve factual disputes. An insurer may not enforce a provision in a policy, contract or certificate that was offered, executed, delivered or issued for delivery in this State and has been continued or renewed by a group policy holder in this State that purports to reserve sole or absolute discretion to the insurer to interpret the terms of the contract, to provide standards of interpretation or review, to determine eligibility for benefits, to determine the amount of benefits or to resolve factual disputes.